

Book review

Arts therapies with people with physical disabilities: An archetypal approach

Marion Gordon-Flower, with a foreword by Caroline Miller

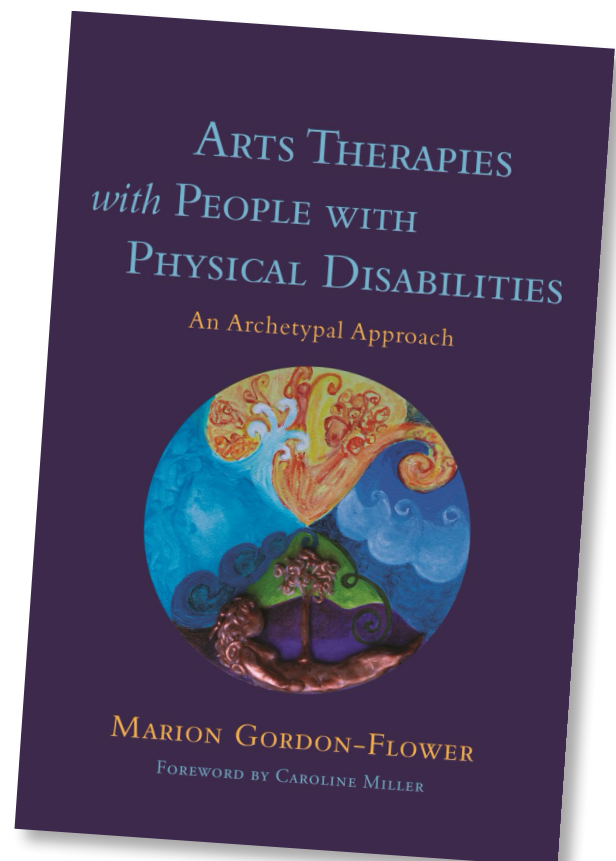
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Reviewed by Agnès Desombiaux-Sigley

This book is a rich and practical account of the practice-based research conducted by arts therapist Marion Gordon-Flower over seven years. This led her to develop an archetypal and multimodal art therapy approach to helping people with physical disabilities in Aotearoa New Zealand. Such an account would seem to be much needed in this therapeutic context, as the author explains that her “first intention in writing this book has been to address the gap in literature available to Practitioners who work with people with disability”. Although there is a range of books on the subject of arts therapies with adults who have intellectual or developmental disabilities, Gordon-Flower’s book fills a gap in accounting for the use of archetypal frameworks through a range of multimodal interventions with people with physical disabilities.

As an arts therapist who leads service development and works in a multidisciplinary team that specialises in people with disabilities and mental health problems, the author developed the 5-Pt Star Model and assessment tool to help define and assess therapeutic goals. The development of this model was overseen and then approved by the New Zealand Health and Disability Ethics Committee, and has been recognised by the New Zealand Government via funding support. Conceived as a holistic model, it was translated into Māori, and the design uses modernised forms of traditional Māori symbols. Marion Gordon-Flower, who has supported many community-based arts therapies projects in Aotearoa New Zealand and has published and presented her work at international conferences, brings a wealth of experience and knowledge to this field. She now holds an arts therapist service management role in mental health.



The 5-Pt Star Model has five domains: self-reflection, transformational engagement/action, relationships, aesthetic skills/process, and lifestyle development, as well as a self-evaluation chart that provides foundation and structure for the therapeutic process and encourages self-reflection. Gordon-Flower’s practice-based research enquiry is relatively simple to implement and works well in the support of arts therapy process, as demonstrated clearly in Chapter Two of the book, through the use of symbols and cards as visual goals.

For this practice-based research project, the author asked herself: “Given the physical barriers to full and free participation, what are the most effective approaches to engage this client or this group in therapy?” Over time, she observed that the archetypal

approach was the one that appeared to bring the most therapeutic benefit. A further question was: “How to apply the archetypal approach in a multicultural context?”. The author noted that each participant would relate to the archetype in ways specific to their personal circumstances, desires and needs, culture of origin and background.

The clients discussed in Gordon-Flower’s book variously have mild to severe impairments in their communication, physical coordination, hearing, sight or cognition, and some have epilepsy or autism. Being particularly vulnerable, they may also suffer trauma and abuse that can result in mental illnesses. They are at risk of social isolation, depression and anxiety, due to their condition. They live in full-time residential care, supported by a team of specialists that includes occupational therapists, physiotherapists and nurses.

Although her clients have difficulties with physical mobility and communication, the author demonstrates through 13 case studies (with individuals or groups) and by her respectful person-centred approach (patients are self-referring and Gordon-Flower lets the process emerge in a phenomenological way; they are offered a self-evaluation process at the end) how this archetypal and multimodal arts therapy approach opens a path for her clients to experience a range of life-enhancing qualities, such as engagement with others, greater wholeness and empowerment.

For example, in Chapter Three the author guides the reader through the process employed for two clients who have severe physical and communication impairments. In the first case study, the client (who had long-term therapy previously and was in a crisis) is able to release the trauma through the creation of a social story-board and a tribute made of natural elements, which is then enacted and released at the last session through a devotional ritual: the author takes her client to a lake, where she makes her offering to the water. Another case study identifies and supports the individuation process of a young woman who finds her animus, aiding her transition to adulthood, culminating in the creation of a fairy garden as a “living work of art”.

The 5-Pt Star Model and assessment tool are designed to be adaptable to all cultures. The wide range of symbols and archetypes in different modalities (including visual art, music, movement,

and drama) opens doors to a level of imagination and abstraction, which facilitates the expression of their unconscious and spiritual dimensions, thus helping the person find empowerment in their daily life.

The archetypal concepts used here are understood in a broad sense, and encompass symbolic objects and shapes, mythological stories and characters, spiritual rituals and celebration. The archetypes are seen as transcendental in nature. The question of the cross-cultural nature of archetypes is discussed, and the author finds that her person-centred approach allows each participant to project their own meaning onto the symbols, as well as allowing people to move into the imaginal or unconscious realm. This appears to explain how archetypes resonate with group participants who are of diverse cultural backgrounds, and how they can be personalised in ways that are relevant to participants’ individual therapeutic needs.

Gordon-Flower is from a European background, and could perhaps have offered further reflection on how she locates herself culturally with participants who have different cultural perspectives, and how her own background might have influenced her work. Although symbols and mythology are part of Māori culture’s rich history, the concept of archetypes is a Western notion. Any possible tensions this might create and how they can be dealt with would have been an interesting point of discussion, especially given the book’s strong emphasis on the inclusion of Māori culture, language and participation.

I recommend this very well-resourced book that fully documents the assessment tool, therapeutic process and outcomes of these interventions. It guides the reader, showing how they might implement a meaningful, healing, arts therapy-based approach that empowers participants to go beyond their everyday limitations, thereby opening up their relationships and their place in society. As an inspirational account and adaptable model, it could appeal to other health professionals working in the field, such as counsellors or psychotherapists.

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